DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: SHEBOYGAN CO HALFWAY HOUSE (410480)

Address: 503 ONTARIO AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 12/01/1979

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0091807 End Date: 11/28/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006923 Served 01/20/2004

Deficiencies Cited Subject Area Subject Area Compliance

Verified

50.065(4m)(c) COMPLETE BACKGROUND INFORMATION

DISCLOSURE FORM

83.32(2)(c)1 ANNUAL EVALUATION-PARTICIPATION

83.43(3)(b)1 TESTING BY SERVICE COMPANY

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